

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101054683 FILING DATE

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	-				
2						
3						
4						
5						
6	1					
7	1	-				
8						
9	1					
10	1					
11						
12	1	-	1			
13						
14						
15		1	1	2		
16	1					
17						
18						
19						
20	1					
21	1					
22	1					
23	2					
24	2					
25	1					
26	1					
27						
28	2					
29	1					
30	1					
31						
32						
33	1					
34						
35						
36	1					
37		1				
38	1					
39						
40	1					
41						
42	1					
43	1					
44						
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.	1	-	2	2		
TOTAL DEP.	1	-	2	2		
TOTAL CLAIMS	1		10	4		

*	*	*				
IND.	DEP.	IND.	DEP.	IND.	DEP.	
51						
52						
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
63						
64	1					
65						
66						
67						
68						
69						
70						
71	1					
72						
73						
74	1					
75						
76						
77						
78						
79	1					
80						
81						
82	X	1				
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	-	1	1		
TOTAL DEP.	1	-	4	4		
TOTAL CLAIMS	1		5	5		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS